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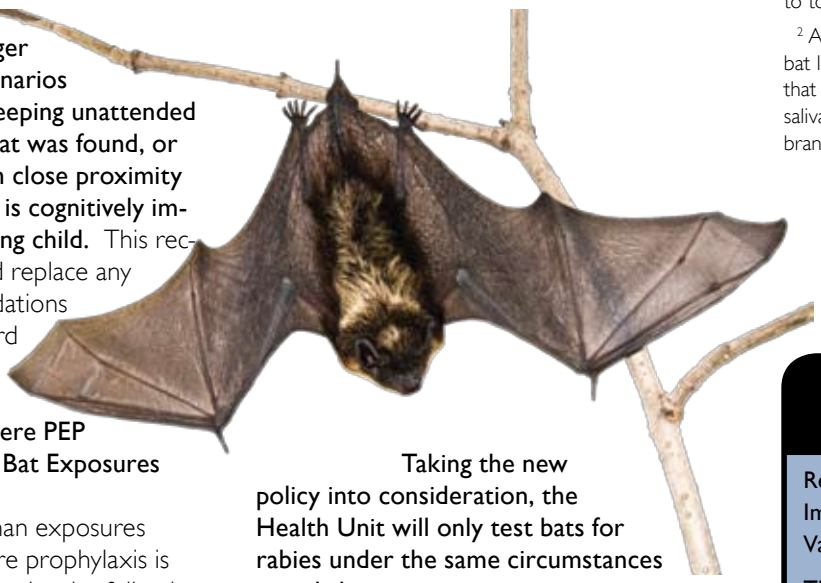
HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

New Recommendations for Rabies PEP Treatment with Regard to Bat Exposures

As of July 30, 2008 the Ministry of Health and Long-Term Care has adopted a new policy for rabies post-exposure prophylaxis (PEP) administration with regard to bat exposures. **The main difference between the current recommendations and any previous recommendations is that PEP is no longer indicated for the scenarios where people are sleeping unattended in a room where a bat was found, or a bat is discovered in close proximity to an individual who is cognitively impaired or near a young child.** This recommendation should replace any previous recommendations in Ontario with regard to bat exposures.



The New Policy Where PEP Should be Given for Bat Exposures

With respect to human exposures to bats, post-exposure prophylaxis is recommended only under the following circumstances:

1. When a bat bite or scratch has occurred; or
2. When there is direct contact AND either of the following cannot be eliminated:
   a) A bat bite or scratch, or
   b) Saliva from a live bat entered an open wound or mucous membranes[2]

Note: Spelunker exposure in caves will require special consideration.

Should a case meet any of the above circumstances AND exposure from the bat is not located on the head or neck region, PEP can be delayed for up to 48 hours until the rabies test result on the bat is obtained.

Taking the new policy into consideration, the Health Unit will only test bats for rabies under the same circumstances noted above.

These new policy changes are a result of recent research by Dr. DeSerres of l'Institut National de Santé Publique du Québec. His research demonstrated that the risk of acquiring rabies as a result of non-contact bat exposures is extremely low and ultimately led the province of Quebec to adopt a change in its own rabies PEP policy. The decision by Quebec prompted Ontario to review its PEP administration practices, and following expert advice from the Ontario Provincial Infectious Diseases Advisory Committee, the Ontario Ministry of Health and Long-Term Care has decided to adopt the new recommendations for rabies PEP administration noted above.

[1] Direct contact means that the bat should be observed to touch or land on the person.

[2] An exception to administering PEP would be if the bat lands on the clothing of a person who can be sure that a bite or scratch did not occur and that the bat's saliva did not contact an open wound or mucous membranes.

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Inserts included in this issue are:

- Working with the Suicidal Patient - A Guide for Health Professionals
- Report of Adverse Events Following Immunization (AEFI) Form

Report of Adverse Events
Following Immunization (AEFI) or Adverse Vaccine Events (AVE)

What is an adverse reaction?
An adverse reaction, also known as an adverse event following immunization, is any reaction that occurs after receiving an immunization and is believed to be due to the immunization.

What are the common symptoms of adverse reactions to immunizations?
Most symptoms are mild such as local injection site reactions of erythema, swelling, pruritus or pain, a fever, drowsiness or nausea; these are not reportable. Life-threatening or severe reactions are rare, occurring in one in 10,000 to 1,000,000 doses administered; these events must be reported.

How long after immunization do reactions appear?
Most reactions occur within minutes to a few days of vaccination. Live vaccines, such as MMR and chickenpox may have reactions one to four weeks following immunization. Killed or subunit vaccines such as Pediacel (DTaP-IPV-Hib) can have reactions up to seven days later. Immune-mediated events may occur up to eight weeks following vaccination.

Who should report an Adverse Event Following Immunization?
In the Ontario Health Protection and Promotion Act (HPPA), all health care professionals who administer vaccines and/or care for patients who may have had an adverse event following immunization are required by law to report the event to local public health authorities within seven days of recognizing the event. (www.toronto.ca/health retrieved Jul. 28/08)

The HPPA states that physicians must make a report when they recognize the presence of a reportable event while providing professional services to a person, and are of the opinion that the reportable event may be related to the administration of an immunizing agent. "Immunizing agent" means a vaccine or combination of vaccines administered for immunization against diphtheria, tetanus, poliomyelitis, pertussis, measles, rubella, hepatitis B, rabies, Haemophilus influenzae b infections, influenza, meningococcal-C, pneumococcal, and varicella diseases or a disease specified in regulations made by the Minister.

The HPPA, states that a "reportable event" in relation to an immunizing agent means:

- persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within 48 hours of being immunized,
- shock-like collapse, high fever or convulsions occurring within three days of being immunized,
- arthritis occurring within 42 days of being immunized,
- generalized urticaria, residual seizure disorder, encephalopathy, encephalitis or any other significant occurrence occurring within 15 days of being immunized, or
- death occurring at any time and following upon a symptom as described above.

Reports must be made to the Medical Officer of Health of the Health Unit where the professional services were provided, within seven days of the physician having recognized the reportable event. (www.cpso.on.ca/ College of Physicians and Surgeons of Ontario-retrieved July 15/08)
Reports are made by completing an Ontario Report of Adverse Events Following Immunization (AEFI) form. *See example included.*

Sources:(www.toronto.ca/health retrieved Jul. 28/08)
(www.cpso.on.ca/ College of Physicians and Surgeons of Ontario-retrieved July 15/08)

The Importance of Early Diagnosis of Early Childhood Tooth Decay

Early Childhood Tooth Decay (ECTD) is a particularly virulent type of dental decay that can destroy the primary teeth of babies and pre-school children. Early Childhood Tooth Decay is considered a severe and rampant disease of the primary teeth that begins immediately after tooth eruption. The term "baby bottle tooth decay" was commonly used to describe cavities of the primary teeth in very young children, caused by prolonged use of a baby bottle at bedtime or even during the daytime.

Currently the term early childhood tooth decay is used more frequently as it reflects the multi-factor etiological process of the disease. Among the other factors implicated are prolonged, on-demand breastfeeding, frequent consumption (more than three times a day) of cariogenic snacks, paediatric syrups, lack of fluoride toothpaste use, and the absence of fluoride in drinking water. It has also been recognized that cariogenic bacteria can be transmitted from mother to child through certain practices, for example, tasting the baby's food with the same spoon, or testing the temperature of the nipple. In addition, poor oral hygiene in mothers has been associated with a higher concentration of microorganisms in the mouth of their children.

Early childhood tooth decay is a serious and sometimes painful disease characterized by early onset and rapid progression. The cavities develop quickly, usually right after the teeth erupt. Several teeth may be affected, beginning with the upper incisors, the area close to the gums, followed by the canines. If the disease is allowed to progress, the molars are affected too, while only the lower incisors are unaffected.

There are four stages in the development of Early Childhood Tooth Decay.

- The initial stage is characterized by the appearance of chalky, opaque demineralization lesions on the smooth surfaces of the upper primary incisors when the child is between the ages of 10 and 20 months or sometimes younger. At this stage, the lesions are reversible but are frequently unrecognized by parents or the first physicians to examine the mouths of these very young children.
- The second stage occurs when the child is between the ages of 16 and 24 months. The dentin is affected when the white lesions on the incisors develop rapidly, causing the enamel to collapse. The dentin is exposed and appears soft and yellow. At this stage, the child begins to complain of great sensitivity to cold. Parents will sometimes notice the change in colour and become concerned.
- The third stage, which occurs when the child between 20 and 36 months, is characterized by deep lesions and pulpal or nerve irritation. The child will complain of pain when chewing or getting his teeth brushed and of pain during the night.
- The fourth stage, which occurs between the ages of 30 and 48 months, is characterized by fractures of upper teeth. Some young children suffer but are unable to express their toothache complaints. They may experience sleep deprivation and refuse to eat.

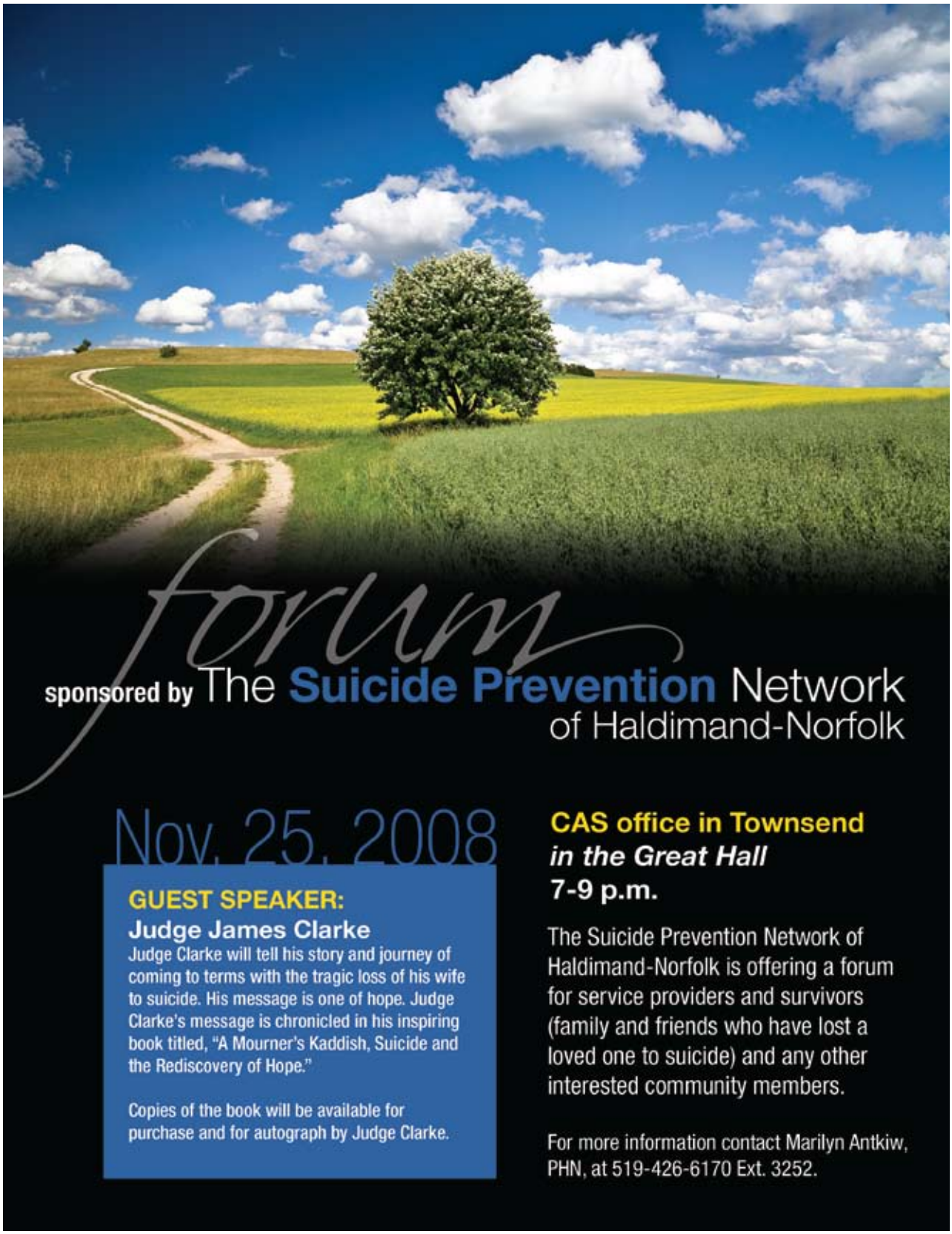
Early Childhood Tooth Decay can have serious general and local repercussions in the short and long terms.

Following pulp (nerve) necrosis, infection spreads to the pulpal-periodontal region in one of two clinical forms: the acute form, characterized by cellulitis, adenopathy and mobility of the affected teeth, and the chronic for, which is the most common, characterized by abscesses and interdental septum syndrome. Depending on the severity of the disease, infection can spread to the buds of the permanent or adult teeth, causing irreversible lesions.

Contrary to popular belief, the effects of cavities in young children extend beyond the mouth. Tooth loss is sometimes inevitable and it can cause not only orthodontic and esthetic problems, but more importantly, difficulties in pronunciation. Esthetic problems and pronunciation difficulties may result in psychological and relationship problems. In addition, children with Early Childhood Tooth Decay usually weigh less and are shorter than average. Their growth is affected because they have difficulty sleeping and eating as a result of the infection and pain, and their quality of life is greatly diminished. It is also very complicated and costly to treat cavities in very young children, who must undergo general anesthesia. Early Childhood Tooth Decay is therefore a burden both for parents and society.

Intervention at the early stage is necessary to prevent the destruction of the crown and stop the cavities from progressing. "Early diagnosis of Early Childhood Tooth Decay and the identification of risk factors are essential to the implementation of preventive and curative measures to mitigate complications and the repercussions of the disease." Physicians and nurses have more opportunities to see expectant mothers and their newborns than dentists and hygienists do. It is therefore vital to emphasize parental awareness of the seriousness of Early Childhood Tooth Decay so that proper attention is placed on early detection and the elimination of risk factors.

Adapted from: Msefer, Souad. Importance of Early Diagnosis of Early Childhood Caries. Journal de l'Ordre des dentists du Quebec. Supplement April 2006. p.6 – 8.



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